

2058

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH					BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH					State File No. <u>130</u>	
County <u>Maricopa</u> State <u>Arizona</u>					Local Registrar's No. <u>2200</u>	
District or Township _____ or Village _____						
City <u>Phoenix</u> No. <u>2018</u> <u>7-10-</u> St. _____ Ward _____						
2. FULL NAME <u>Liddie J. Wicks</u>						
(a) Residence, No. _____ St. _____ Ward _____						
(Usual place of abode) (If non-resident, give city or town and State)						
Length of residence in city or town where death occurred <u>12</u> mos. ds. _____					How long in U. S. if of foreign birth? yrs. mos. ds. _____	
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>7</u>	4. COLOR or RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>widow</u>			16. DATE OF DEATH <u>4-1-1930</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>J. J. Wicks</u>					HEREBY CERTIFY, That I attended deceased from _____, 19 <u>28</u> to <u>Apr 1</u> , 19 <u>30</u>	
6. DATE OF BIRTH (month, day and year) _____					that I last saw h_____ alive on _____, 19 <u>28</u>	
7. AGE <u>69</u>	Years	Months	Days	IF LESS than 1 day _____ hrs. or _____ min.	and that death occurred, on the date stated above, at <u>5 A</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>at home</u>					The CAUSE OF DEATH* was as follows:	
(b) General nature of industry, business or establishment in which employed (or employer) _____					<u>Pulmonary Edema</u>	
(c) Name of employer _____					(duration) _____ yrs. _____ mos. _____ ds.	
9. BIRTHPLACE (city or town) (State or country) <u>California</u>					CONTRIBUTORY (Secondary) <u>Family</u>	
10. NAME OF FATHER <u>J. Wicks</u>					(duration) _____ yrs. _____ mos. _____ ds.	
11. BIRTHPLACE OF FATHER (State or county) (city or town) <u>California</u>					18. Where was disease contracted if not at place of death? _____	
12. MAIDEN NAME OF MOTHER <u>Wicks</u>					Did an operation precede death? <u>No</u> Date of _____	
13. BIRTHPLACE OF MOTHER (State or country) (city or town) <u>California</u>					Was there an autopsy? <u>No</u>	
14. Informant (Address) <u>Family</u>					What test confirmed diagnosis? <u>Physician Ex</u>	
15. Filed <u>4/5</u> , 19 <u>30</u> <u>J. W. Beckman</u> Registrar.					(Signed) <u>Chas V. Reussman</u> , M. D.	
					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Frank Lawn</u>	
					DATE OF BURIAL <u>4/2/30</u>	
					20. UNDERTAKER <u>Marymundo</u>	
					ADDRESS <u>PH</u>	